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ABSTRACT

The school-based clinic is a primary health care facility located within or on the campus of a public school. The suggested requirements for a school-based clinic are enumerated in five sections dealing with: (1) clinic organization; (2) clinic staff; (3) clinic services; (4) clinic recordkeeping and evaluation; and (5) clinic facilities and equipment. The Support Center for School-Based Clinics is a project of the Center for Population Growth. Appended is a list of Support Center Publications, an order form, and a list of the advisory board members. (SI)

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GUIDELINES

FOR

SCHOOL-BASED CLINICS

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A Project of the Center for Population Options

EA 021 457

THE SUPPORT CENTER/CPO

The Support Center for School-Based Clinics, a project of the Center for Population Options, is a natural outgrowth of CPO's work to enhance the opportunities for young people in key decision-making areas of their lives: continuing their education, planning their families, obtaining needed health and social services, and attaining productive employment. CPO's special emphasis is on the interconnections among family formation and other "life actions."

In this regard, the Center for Population Options

- advocates access to accurate information and services concerning reproductive health and family planning options,
- focuses on adolescents as a critical group to reach with such information,
- implements programs– most often with youth-serving partners– that assist young people to obtain health care, plan for jobs and families, and generally gain more direction over their lives,
- conducts policy and program research to find better ways and means to help adolescents make key decisions for their present and future.

The Support Center was launched in April 1985 to serve as a national resource for school-based clinics (SBCs), an extremely promising approach to adolescent health care. The Support Center works to increase communication among clinic practitioners, provide policy analysis and evaluation strategies, assist program staff and provide technical and professional services to developing sites.

The Support Center fulfills its facilitator role through a variety of strategies including one-on-one consultations, mid-size training workshops, and presentations at major national and statewide conferences. Since its inception, the project has been instrumental in sharing information, identifying strategies for program expansion, monitoring the development of new SBC sites, and facilitating the exchange of expertise among clinic practitioners.

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PURPOSE

This document is designed as a framework for individual communities to use in developing guidelines for the operation of local school-based clinic programs. These guidelines were developed by the Support Center for School-Based Clinics/ Center for Population Options and have been approved by the Support Center's National Advisory Board, in consultation with a panel of SBC practitioners and other health professionals who work with adolescents. In many cases, Support Center/CPO guidelines overlap those adopted by several state health departments, in particular those of the Illinois Department of Public Health, which were formulated in consultation with the Support Center/CPO.

The suggested requirements enumerated here describe those elements that have proved essential for the effective operation of existing SBCs. School-based clinics are designed to function in a variety of environments, and clinic planners must be sensitive to these. Many decisions related to services, staffing, and organization are responses to the particular situation in each community. Each local configuration is unique; therefore, while the guidelines should be widely applicable, they are meant to suggest rather than to mandate.

THE SCHOOL-BASED CLINIC

The Support Center/CPO defines a school-based clinic as a primary health care facility located within or on the campus of a public school. The clinic may provide a comprehensive range of primary and preventive health services, including general health assessments, sports physicals, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), laboratory and diagnostic screenings, immunizations, first aid, sexuality education and family planning counseling and services, prenatal and post-partum care, day care, counseling and related mental health services, health education, and other services based on the students' needs and on the philosophy of the sponsoring agency, the school administration, and the community.

CLINIC ORGANIZATION

Sponsoring Agency

The sponsoring agency is the entity responsible for ownership, control, funding, and on-going management of the clinic. The sponsoring agency can be a hospital, health department, community health center, youth serving agency, school, or other service organization. Sponsoring agencies that are not established medical care institutions, e.g., school systems, should contract for medical services with a licensed provider. Ownership of the clinic should be a matter of public record. The history and current activities of the sponsoring organization, its administrative responsibilities, its systems for quality control and accountability, and the relationships between its staff and clinic and school personnel should be set forth in writing and made available to the public.

Advisory Board

The sponsoring agency should establish an advisory board to assist in determining program feasibility, in establishing program policy, and in providing liaison with the community. The board should be the primary entity for building community consensus for the role of the clinic and for monitoring clinic performance on behalf of the community. The board will also have a major role in developing funding and other resources. The advisory board should include members of the school administration, the medical community, youth serving agencies, the school nurse, parents, students, and the clergy. The advisory board should meet regularly, at least once a year, and maintain written minutes of meetings.

Funding

The clinic should have multiple sources of funding to ensure stability and to allow for comprehensive services. Sources may include government grants, private foundation grants, and third party reimbursements (where confidentiality can be assured). Funding is primarily the responsibility of the sponsoring agency.

Policy Statement & Organizational Plan

The sponsoring agency in conjunction with the advisory board should develop a policy statement for the clinic. This statement should set forth the goals of the clinic and relate specific services to the achievement of the clinic's goals in an organizational plan. The plan describes

- the nature and scope of the SBC program
- the duties, responsibilities, and accountability of each staff member
- the relationships among clinic staff members and between clinic staff and school personnel
- the number and types of services to be provided
- an estimate of the patient load
- a system for monitoring operations and quality control
- the hours and days of operation
- space and equipment requirements

Clinic Relationships with School & Community

It is essential that clinic services be integrated into existing school and community health care. The clinic should avoid duplicating services that are already available to students so that local adolescent health care is enhanced. Whenever possible the clinic should coordinate its services with those of other health care and social service agencies in the area. Procedures should be established to facilitate referral of students to outside providers of care and to ensure follow-up on such care. The clinic should also coordinate its services with those provided by the school. It is particularly critical that the clinic establish close ties with the school nurse and strive to enhance that role.

The clinic should encourage wide involvement of parents and the community at large by including them on the advisory board, by informing them of clinic activities, and by making educational presentations to them.

CLINIC STAFF

Service Providers

It is recommended that the clinic staff include at least the following:

- a medical director who is a physician with a background in obstetrics/gynecology, adolescent medicine or pediatrics
- a nurse practitioner
- a social worker
- a clinical assistant/receptionist

When schools employ a school nurse, the nurse becomes integrated into the SBC program.

Supervisory Staff

In addition to the supervisory positions described below, the advisory board should appoint an internal review team composed of professionals with health and social service backgrounds who will be responsible for monitoring the quality and effectiveness of services provided by the SBC.

Medical Director: A physician should monitor compliance with the policies and procedures related to medical care and supervise professional personnel. The Medical Director has ultimate responsibility for medical procedures and treatments performed in the clinic and develops written protocols covering all aspects of medical care.

Clinic Manager/Supervisor: A qualified nurse practitioner or other appropriate person should monitor compliance with policies and procedures related to all clinic services and supervise all professional and paraprofessional personnel. The Clinic Manager is responsible for the day to day operation of the clinic.

CLINIC SERVICES

Availability & Eligibility

Clinic hours should be determined by the sponsoring organization along with the school administration and the advisory board. Procedures for after-hours delivery of care should be formally established as well.

All students enrolled in the school should be eligible to use clinic services regardless of race or ethnic origin, religion, sex, age, or ability to pay.

Consent

The clinic should obtain written statements of consent for routine clinic care. Several types of consent forms are acceptable:

- a blanket consent form signed by the parent/guardian for students under 18 years of age;
- a consent form that lists services offered at the clinic and allows parents to choose which services the student will receive;
- a consent form signed by the student who is over 18 years of age or emancipated by law;
- a consent form signed by the student for specific procedures for which the student is emancipated by law.

In all cases, students should be informed of the risks and benefits of treatment, and written informed consent forms should be obtained. The advisory board and the sponsoring agency should establish a list of procedures that require specific informed consent. The medical record should indicate if a student refuses treatment after being informed. Students have the right to refuse treatment.

Standards of Professional Practice

Medical services should conform with the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists guidelines, with these standards as a minimum. Dental and counseling services should conform to appropriate professional standards. The advisory board and the sponsoring agency should establish in writing the policies, the procedures, and the standards of competency to be used in the care, referral, and follow-up of all students who visit the clinic.

The advisory board and the sponsoring agency should review the credentials of all professionals employed by the clinic.

Medical Services

Medical services should minimally include routine medical care, physical exams for sports, laboratory screenings, immunizations (in accordance with recommendations of the Immunization Practices Advisory Committee of the American Academy of Pediatrics), gynecological exams, family planning counseling, diagnosis and treatment of sexually transmitted diseases, pregnancy testing, prenatal care, school physical exams, and referral to appropriate outside sources of care. The medical director should develop standing orders and protocols to be followed by clinic staff. These protocols should be reviewed annually.

Counseling

The clinic should employ a mental health professional certified in adolescent services to provide counseling services for students. Counseling sessions should be private and confidential. Clinic staff should refer students to services beyond the SBC when necessary and should work closely with school health personnel to serve the student.

Education

The clinic should be actively involved in health education and health promotion, with emphasis on achieving healthy lifestyles and preventive health behaviors. Clinic staff should conduct both group and individual programs with students, parents, teachers, and the community. Clinic health education activities should be coordinated with school staff to avoid duplication and to ensure the support and cooperation of the school.

Additional Services

The following services may be offered by some clinics: nutrition and substance abuse education, nutrition services, drug and substance abuse counseling, vocational counseling, day care, and referral to appropriate outside sources of care. Dental services should include emergency dental care, routine dental exams, preventive services, and referral to outside sources of care.

Where both school and community deem it appropriate, clinics may also prescribe and/or dispense medications and treatments.

Laboratory Services

Routine tests, including laboratory screenings, tests for sexually transmitted diseases, pregnancy tests, urinalysis, and other appropriate diagnostic procedures should be performed by the clinic. The clinic should have a formal association with a professional laboratory to perform other tests.

Emergency Care

The clinic should have established procedures for emergency treatment both during and after clinic hours. Written instructions should outline treatment that can be handled within the clinic, procedures for transporting students to other health care facilities, and methods for informing the school administration and parents. Clinic staff should be trained in cardio-pulmonary resuscitation.

CLINIC RECORDKEEPING & EVALUATION

Documentation

The medical record should include the following information:

- Student identification data
- Allergic history
- History and physical examination findings
- Provisional diagnosis
- Diagnostic and therapeutic orders
- Doctors' and nurses' notes
- Laboratory results
- Medication record
- Compliance or non-compliance notations
- Counseling notes
- Needs assessments and referrals
- Communication with parents
- Consent form(s)
- Record release form(s)

The medical record should be accurate and objective.

Maintenance of Records

Medical records should be kept in locked storage, accessible only to appropriate clinic staff. Records should not leave the clinic except in emergencies. Clinic policy should establish a means of protecting records and a time limit for keeping them within the clinic facility.

Release of Records

Written consent from the student and/or parent should be required for the release of clinic records to another social or health care agency and for the release of records from other agencies to the clinic. Regulations governing release of information should be followed in making clinic records available to school personnel and in making confidential school files available to clinic staff. The student's right to confidentiality requires that no information be released without written authorization from the student and/or parent. (In some states the law requires the signatures of both.)

The medical record should reflect the release of information by including a dated note that particular information has been requested; a completed release form specifying the information that is to be released, the individual to whom it is to be released, and the treatment period that is covered in the request; the signature of the student and/or parent and a staff witness to the signature(s); permission from appropriate clinic personnel; and a note that the completed form has been placed in the medical record.

Only copies or excerpts of records should be released, never originals.

Evaluation & Information Management

Each clinic should maintain a monthly record of the following aspects of clinic activities:

- Year to date clinic enrollment
- Number of students served by sex, age, and race
- Number of clinic visists/encounters
- Services rendered
- Medical referrals and outcomes
- Social referrals and outcomes
- Dental referrals and outcomes

The effectiveness of the health care provided to students should be continually evaluated. A team of qualified health care professionals should be responsible for regular monitoring of clinic operations. Evaluation should include management and service problems and recommendations for correction.

CLINIC FACILITIES & EQUIPMENT

Location

The clinic may be located within the school building or outside the building on school grounds. The facility should be identifiable as a part of the school but separate from school functions.

Access for the Handicapped

The clinic should be designed so that it is accessible for handicapped students.

Clinic Space

Clinic facilities should be arranged in such a way as to provide for the privacy and dignity of students during interviews, examinations, and treatment.

Public Areas: The clinic should include a reception area with an information counter or desk and a waiting area. It is desirable for the waiting area to contain a water dispenser, educational materials and a bulletin board. The clinic should include adequate space for records and locked storage of office and medical supplies and equipment. In addition, the clinic should contain adequate office space for staff and a multi-purpose room for meetings and health education activities.

Examining Rooms: The clinic should have a minimum of two examining rooms; the exact number will depend on the rate of student visits. If the clinic provides dental services, it should have a suitably equipped dental operatory. In addition, space should be available for counseling.

Clinic Equipment

The clinic should ideally be equipped with the following materials:

- Office Furniture: desks and chairs for staff, waiting room chairs, typewriter, copier, lockable file cabinet(s) for medical and counseling records, lockable storage for medications and medical supplies, supplies, small refrigerator, sink.

- Educational Equipment: pamphlet rack, audio-visual equipment, conference table and chairs.

- Medical and Laboratory Equipment: sphygmomanometer, stethoscope, ophthalmoscope/otoscope, microscope, stool, autoclave, centrifuge, scale, bathroom (preferably in the clinic), emergency medical equipment, appropriate medical supplies.

- Examining Room Equipment: adult examining table with disposable cover, examination light, sink equipped for handwashing, waste receptacle, storage cabinet, stool, counter or shelf.

Clinic Safety

The clinic should be planned to enhance the safety of students and staff. Plans for emergency evacuation of the clinic, for use of safety equipment, for control of electrical hazards, and for prevention of explosion and fire should be familiar to all personnel.

Clinic Maintenance

Plans for cleaning the clinic facilities should be written and reviewed periodically. These plans should include provision for storage and disposal of waste. All clinic procedures should emphasize the maintenance of sanitary conditions, disease prevention, and infection control.

SUPPORT CENTER/CPO PUBLICATIONS

A Guide to Implementing Programs-A comprehensive, step-by-step handbook on how to start a school-based health clinic. Includes in-depth coverage of topics such as creating an Advisory Board, building community support, media relations, evaluation, sample forms, and funding. **(1986; $12.00)**

School-Based Clinic Update 1987-The results of the latest survey of school-based clinics, including a profile of clients served, services offered, the role of school nurses in SBCs, and an up-to-date list of the 101 existing sites. Provides valuable information on how SBCs address issues such as staffing, family planning and parental involvement. **(1987; $3.00)**

School-Based Clinic Update 1986-An informative, easy-to-read description of school-based clinic programs. Answers commonly asked questions on school-based clinics, such as how SBCs are started, who sponsors SBCs, and the success programs have had in addressing teen pregnancy and related adolescent health issues. **(1986; $3.00)**

These two complementary reports provide the most current profile of SBCs and, together, constitute an important resource for professionals and community members interested in adolescent health care and the growth and development of SBCs. **(1986 & 1987; $5.00)**

Policy Initiatives From Around the Country-A review of legislative and task force initiatives on school-based clinics during 1986, including relevant excerpts from legislation and study reports. Designed to assist policymakers and advocates in formulating plans and action. **(1987; $5.00)**

An Emerging Approach to Improving Adolescent Health and Addressing Teenage Pregnancy-A comprehensive, yet concise analysis of the school-based clinic movement. Presents an overview of clinics, and provides information on services, funding and research. **(1985; $3.00)**

Clinic News-A quarterly newsletter, which keeps interested professionals up-to-date on programmatic initiatives as well as legislative and regulatory developments that affect adolescent health. **(one year; $15.00)**

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